NOVA SCOTIA PROVINCIAL PHARMACARE PROGRAMS
Request for Coverage of Insured Agents for Crohn's Disease

PATIENT INFORMATION

PATIENT SURNAME	PATIENT GIVEN NAME	HEALTH CARD NUMBER	DATE OF BIRTH

PATIENT ADDRESS	PATIENT WEIGHT (KG)

DRUG REQUESTED

- ☐ Adalimumab
- ☐ Infliximab
- ☐ Risankizumab
- ☐ Ustekinumab
- ☐ Vedolizumab

NOTE: Please refer to the Nova Scotia Formulary for criteria and notes for coverage of Crohn's Disease medications.

DIAGNOSTIC INFORMATION

DIAGNOSIS

☐ Moderate to severely active Crohn's disease

MEDICATION HISTORY: (if completed on a previous request, provide updated information only)

☐ Patients who are refractory to, intolerant or have contraindications to corticosteroids and other immunosuppressive therapy.

Please provide details of corticosteroid and other immunosuppressive therapy trials below:

Therapies tried		Dose/Route	Duration of therapy	Outcome (describe intolerance, effect, etc.)
☐				
☐				
☐				
☐				
☐				

RENEWAL REQUEST

Please specify response to therapy:

Additional Comments (if applicable):

PRESCRIBER NAME & ADDRESS:

LICENCE # ____________

PRESCRIBER SIGNATURE ____________ DATE ____________

If you need assistance, please contact the Pharmacare Office at (902) 496-7001 or 1-800-305-5026

Please Return Form To: Nova Scotia Pharmacare Programs
P.O. Box 500, Halifax, NS B3J 2S1; Fax: (902) 496-4440

NOVA SCOTIA